

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/359782

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1			
2	1			
3	1			
4	1			
5	1			
6	1			
7	1			
8	1			
9	1			
10	1			
11	1			
12	1			
13	1			
14	6			
15	6			
16	0			
17	0			
18	2			
19	6			
20	6			
21			1	1
22			1	1
23			1	1
24			1	1
25			1	1
26			1	1
27			1	1
28			1	1
29			1	1
30			1	1
31		6		8
32				
33				
34				
35				
36				
37				
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41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
TOTAL IND.	4		2	1
TOTAL DEP.	37	14	16	16
TOTAL CLAIMS	41	16	16	16

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
53			
54			
55			
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99			
100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			